

# MULTIPLE WORKSITE REPORT

The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

INDIANA

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HELPLINE 1-800-784-0360

FAX: 317-233-6699

NOTE: Do not e-mail unless password protected

## Supplement to Employer's Quarterly Contributions Report

EMPLOYER NAME AND MAILING ADDRESS

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## QUARTERLY REPORT INFORMATION

U.I. NUMBER: \_\_\_\_\_  
QUARTER ENDING: \_\_\_\_\_  
DUE DATE: \_\_\_\_\_

## CONTACT PERSON

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

|        | NAME (DIVISION,SUBSIDIARY,ETC.)<br>STREET ADDRESS (PHYSICAL LOCATION)<br>CITY, STATE, & ZIP CODE<br>WORKSITE DESCRIPTION (STORE #, PLANT NAME, ETC.) | NUMBER OF EMPLOYEES<br>(Includes the 12th of the month) |        |        | TOTAL<br>QUARTERLY WAGES<br>OF WORKSITE<br>(Round to the nearest dollar) |
|--------|--|---|--------|--------|--|
|        |  | MONTH1  | MONTH2 | MONTH3 |  |
|        |  |   |        |        |  |
|        |  | COMMENTS:   |        |        |  |
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|        |  |   |        |        |  |
|        |  | COMMENTS:   |        |        |  |
| TOTALS |  |   |        |        |  |